



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dlp.vermont.gov>
Voice/TTY (802)-871-3317
To Report Adult Abuse: 800-564-1612
Fax (802)-871-3318

March 19, 2014

Ms. Melissa Greason, Administrator
Washington Elms
126 Elm Street
Bennington, VT 05201

Dear Ms. Greason:

The Division of Licensing and Protection completed the unannounced on-site complaint investigation at your facility on **March 12, 2014**. The purpose of the survey was to determine if your facility was in compliance with Vermont Residential Care Home Regulations. The survey statement is enclosed. This survey found that your facility was in substantial compliance with the participation requirements. However, there is one deficiency that requires a commitment to correct but does not require that you submit a written plan of correction.

Please sign, date and indicate your title on the bottom of the deficiency statement and return this report no later than **April 1, 2014**.

If you have any questions regarding this report, please feel free to contact this office at (802) 871-3317.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Cota".

Pamela Cota, RN
Licensing Chief

PC:jl



PRINTED: 03/19/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/12/2014
NAME OF PROVIDER OR SUPPLIER WASHINGTON ELMS		STREET ADDRESS, CITY, STATE, ZIP CODE 126 ELM STREET BENNINGTON, VT 05201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 3/12/14. There were findings surrounding this investigation..	R100		
R316 SS=A	XI. RESIDENT FUNDS AND PROPERTY 11.4 The resident shall not be solicited for gifts or other consideration by persons connected with the home, in any way. This REQUIREMENT is not met as evidenced by: Based on review and interviews with staff and resident, the facility failed to assure that one resident was not solicited for gifts or other consideration by persons connected with the home. The findings include: Accounting ledger entry dated 9/13/13 presents with Resident #1 making a purchase on \$10.00 for raffle tickets. Per interview with manager at 9:30 AM on 3/12/14, the tickets were sold to the resident by a staff member. This was confirmed by the resident during an interview at 10:50 AM.	R316		
R322 SS=A	XI. RESIDENT FUNDS AND PROPERTY 11.9 No licensee, staff or other employee of the home may solicit, offer or receive a gift, including money or gratuities, from a resident. Nominal gifts, such as candy or flowers that can be enjoyed by all staff, are permissible. This REQUIREMENT is not met as evidenced by:	R322		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Melissa Breason Amenastunt**3/12/14*

STATE FORM

5569

L8VG11

continuation sheet 1 of 2

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R322	<p>Continued From page 1</p> <p>Based on record review and staff and resident interviews, the facility failed to insure that no staff or other employee of the home may receive a gift from a resident. Findings include:</p> <p>A ledger entry for the accounting of Resident #1 presented that on 12/18/13 the resident had \$150.00 for Christmas Shopping. Per interview with manager on 3/12/14 at 9:30 AM, the resident purchased Christmas gifts for several staff members, this was confirmed by the resident during an interview at 10:50 AM.</p>	R322			